PTO/SB/06 (08-03)
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Under the Paperwork PATE				ON RECORD	nu nortempin	Apptic	plays a valid OM	B control nu Number /
		bslitute for Form	PTO-875		-	10	9/6/9	27
CLAIMS AS FILED - PART I (Column 1)			(Column 2)	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FI	LEO NE	IMPER EXTRA	RATE	FEE	7		
(37 CFR 1.16(a))						1	RATE	FEL
TOTAL CLAIMS (37 CFR 1.16(c))	700	us 20 = ·	6	1	5	- OR		1 5
NDEPENDENT CLAIMS 37 CFR 1.16(b))	1			X 5=	 	OR	x s =	-
		vs 3 = ·		x \$=		OR	x s =	1
MULTIPLE DEPENDENT	CLAIM PRESENT	(37 CFR 1.16(d)	}	+ 5 =		OR	+ 5 =	
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL	1
CLAI	MS AS AMENO	ED - PARTIL	11	0	,	.	10172	
7 37 (1)	17	201 10/	REP 1	6-22-641	/			
1-2504 (Cotumn ()	(Célumn 2	(Column 3)	SMALL	ENTITY	OR	OTHE	R THAN ENTITY
<u></u>	CLAIMS EMAINING	HIGHEST NUMBER	PRESENT	RATE	100.] _		
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Z Independent -) Min		 	x s=		OR	x s=	
1 (37 CFR 1 16(b))	7]		/	x s =	/	OR	x \$ =	
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	CLAIMS	(Column 2)	(Column 3)			,		
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ s =		OR .	+ 5=	•
3100,				TOTAL ADD'L FEE		ÓR	TOTAL ADD'L FEE	
	olumn 1)	(Column 2)	(Column 3)	·				
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AME	NFTER INDMENT	PREVIOUSLY PAID FOR	EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL
Total * (37 CFR 1.18(c))	Minus		=	X \$ =		ŀ		FEE
Independent (37 CFR 1.16(b))	Minus	11.	=			OR	X \$=	
	×	DENT CLAIM (27.0)	FR 1 (5(4))	X \$=		OR	X \$=	
FIRST PRESENTATION	OF MULTIPLE DEPEN			1		_ 1	1	
FIRST PRESENTATION	OF MOLTIPLE DEPEN	(11)	- Trio(a)	TOTAL		OR L	+ 5	

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/ur suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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